	<b>TRANSMITTAL FORM</b>	Attorney Docket No.
		<b>RPS920000058US1/1794P</b>

In re the application of: **Ralph BONOMO, et al.**

Confirmation No: **2397**

Serial No: **09/677,314**

Group Art Unit: **2112**

Filed: **September 29, 2000**

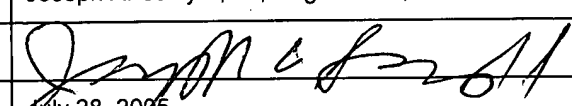
Examiner: **Vo, Tim T.**

For: **METHOD AND SYSTEM FOR INCREASING CONTROL INFORMATION FROM GPIOs**

ENCLOSURES (check all that apply)			
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input checked="" type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input checked="" type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input checked="" type="checkbox"/>	1 Sheet Replacement Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input checked="" type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input checked="" type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		
<input type="checkbox"/>	After Allowance Communication to Group	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Postcard	<input type="checkbox"/>	Other Enclosure(s) (please identify below):

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$50.00	\$ 0.00
Independent Claims	0	0	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ <b>1400.00</b> to Deposit Account No. <b>50-0563</b> (IBM Corporation) for payment of Issue fee.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <b>50-0563</b> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	July 28, 2005